

Best Available Copy

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/381588 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	2					
TOTAL DEP.	41	↓	↓	↓		
TOTAL CLAIMS	43					

•	IND.	DEP.	•	IND.	DEP.	•	IND.	DEP.
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TOTAL DEP.		↓	↓	↓				
TOTAL CLAIMS								